An outbreak of cholera occurred in the coastal city of Calicut between June 2000 and August 2000. This study was conducted to identify the causative strain and to study the clinical profile, treatment and outcome of cholera in this epidemic.

All children with acute watery diarrhea admitted to the Diarrhea Treatment Unit (DTU) of the Institute of Maternal and Child Health, Calicut during the months of June, July and August 2000 with a clinical suspicion of cholera (contact with a case, severe dehydration or residing in an area from where cholera was reported) were taken up for the study. Children whose stool culture was positive for *Vibrio cholerae* were taken up for the final evaluation. Details regarding age, sex and clinical features were recorded in a proforma prepared for the study. Treatment details and complications were noted down. The children were followed up during the hospital stay.

There were 16 culture positive cases of cholera. In all cases *Vibrio cholerae* O1 Ogawa (Eltor) strain was the causative organism. Two (12%) children were below 1 year (2 months and 7 months), 8 (50%) children were in the 1-2 year age group and 6 (38%) above 2 years. Majority of children (13; 81%) were males and only 3 (19%) were females. 14 children were from in and around Calicut city. At the time of admission 12 (75%) children had some dehydration and 4 (25%) children had severe dehydration.

Seven (44%) children had a febrile onset. Vomiting was associated with diarrhea in 15 (94%) cases. One child developed hyponatremic seizures. Hypokalemia occurred in 4 (25%) children, hyponatremia in 2 (12%) children and paralytic ileus in 2 (12%) children. There was no mortality.

All children were treated with intravenous fluids for initial correction of dehydration and WHO-ORS for maintenance except one child who was managed with ORS alone. Apart from severe dehydration, indications for intravenous fluids included persistent vomiting, paralytic ileus and high purge rate. All children received doxycycline in the dose of 6 mg per kg once daily for 3 days, except two infants who received co-trimoxazole. The average duration of hospital stay was 4.5 days.

The causative organism in the present sample was *Vibrio cholerae* O1 Ogawa (Eltor) strain, which is reported to be the predominant cause of cholera in India(1).

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Geeta M.G.,
P. Krishna Kumar,
Department of Pediatrics
Institute of Maternal and Child Health Medical College, Calicut, North Kerala, India.
E-mail: krishnakumar@sanchar.net.in

REFERENCE